

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024750

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

146

Primary Registration District No.

3026

Registrar's No.

305

STATE FILE NUMBER

FILED JUL 3 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

INDEPENDENCE

Length of stay in 1b

12 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

INDEP. SAN. & HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

OR

TOWN

INDEPENDENCE

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

523 SO. HUTTIG

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

JOHN

Middle

S.

Last

RIDINGS

4. DATE

OF

DEATH

Month

JUNE

Day

27,

Year

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married

☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-5-1916

9. AGE (last birthday)

46

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MAINTENANCE WORK

10b. KIND OF BUSINESS OR INDUSTRY

GAMBLES DEPT. STORE

11. BIRTHPLACE (City and state or country)

MACON, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CHESTER A. RIDINGS

13b. MOTHER'S MAIDEN NAME

HELEN CROARKIN

14. NAME OF HUSBAND OR WIFE

MARY LUCILLE RIDINGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW II

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mary L. Ridings, 523 So. Huttig, Indep., Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Small Cell Lymphoma

INTERVAL BETWEEN ONSET AND DEATH

5 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

[REDACTED]

20f. CITY, TOWN, OR LOCATION

[REDACTED]

COUNTY

[REDACTED]

STATE

[REDACTED]

21. I attended the deceased from March 2, 1961 to June 27, 1963 and last saw him 6-26-1963

Death occurred at 3:15 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

[REDACTED]

22b. ADDRESS

Independence, Mo.

22c. DATE SIGNED

6/27/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

6-29-63

23c. NAME OF CEMETERY OR CREMATORY

OAK RIDGE MEMORY GARDENS

23d. LOCATION (City, town, or county)

INDEPENDENCE, MISSOURI

24. FUNERAL DIRECTOR

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

ADDRESS

[REDACTED]

25. DATE RECD. BY LOCAL REG.

6-28-63

26. REGISTRAR'S SIGNATURE

[Signature]

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

JUL 8 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

George C. Benson

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.
If this body is not embalmed, fact should be so stated above.